

Case Number:	CM13-0058420		
Date Assigned:	12/30/2013	Date of Injury:	03/18/2010
Decision Date:	05/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old male who was injured on March 12, 2010 while working in the warehouse. He bent from the waist, lifted an airplane part weighting approximately 50 pounds and felt pain in his lower back with diffuse radiating pain into both thighs to his knees. Prior treatment history has included 18 sessions of failed physical therapy, cortisone injection into his left knee, which provided temporary relief only and 2 epidural steroid injections into his lumbar spine, which also provided temporary relief. The patient underwent right knee surgery. An Orthopedic follow-up note dated November 12, 2013 reports that the patient complaints of lower back pain rated as 8/10, right knee pain rated as 8/10, and left knee pain rated 8/10. The patient also complains of clicking, popping, locking, weakness, and giving out of both knees, right greater than left. The patient ambulates with a limp favoring his left knee. Upon examination of the knees, there was a positive McMurray test, bilaterally. Bilateral knee flexion demonstrates limited range of motion. The knee flexion and extension produced localized pain. The patient is status post right knee meniscus medial and lateral decompression arthroscopy; status post left knee surgery. His current diagnosis include low back syndrome; lumbar disc disease with protrusion of 3-mm at L4-L5 and 3-mm at L5-S1; left knee medial meniscus tear; left knee lateral meniscus tear; left knee derangement; and rule out right knee internal derangement. On review of recommendations, Omeprazole is refilled at 20mg, Tramadol ER 150mg; refilled topical creams such as TGHOT, 180gm and FlurFlex 180gm applied twice daily to the skin to areas of complaints; to reduce pain and decrease the need of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TGHOT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal is required. TG Hot contains Gabapentin, which is not recommended in the topical form. Therefore, the request is not medically necessary.